



**NATIONAL
INSURANCE
SPECIALISTS**

RETURN TO: NATIONAL INSURANCE SPECIALISTS

Fax: 888-489-7165 or 419-259-6099

Email: nisdocs@hylant.com

Mail: 811 Madison Avenue | 13th Floor | Toledo, OH 43604

GENERAL INSURANCE QUESTIONNAIRE

**BUSINESS
INFORMATION**

NAME OF RENTAL BUSINESS: _____ **#Yrs in Business** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** _____

PERSON TO CONTACT: _____ **TITLE:** _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

FEDERAL EMPLOYER IDENTIFICATION # (FEIN): _____

CURRENT INSURANCE AGENT/CARRIER(S): _____ **RENEWAL DATE:** _____

CURRENT INSURANCE PREMIUMS: \$ _____ **PACKAGE \$** _____ **AUTO \$** _____ **UMBRELLA** _____

(OR ATTACH COPIES OF CURRENT POLICY DEC PAGES)

**GENERAL
LIABILITY**

GENERAL LIABILITY LIMIT: \$ _____ **UMBRELLA LIMIT: \$** _____

EST. ANNUAL RECEIPTS: RENTAL \$ _____ **SALES \$** _____ **REPAIR \$** _____

ANNUAL RECEIPTS HIGH REACH/ PERSONNEL LIFTS: \$ _____ **MAX HEIGHT:** _____

RENTAL MIX: CONTRACTOR% _____ **GENERAL%** _____ **PARTY%** _____ **HIGHREACH%** _____

PORTABLE TOILETS% _____ PLEASE INDICATE ANY RENTALS WITH OPERATORS

**INVENTORY/
EQUIPMENT**

RENTAL INVENTORY VALUE* (100% OF EST. CURRENT REPLACEMENT COST): \$ _____

DESIRED DEDUCTIBLE: \$ _____ **OPTIONAL DEDUCTIBLE(S): \$** _____

* RENTAL INVENTORY SHOULD INCLUDE TRAILERS UNDER 10,001# CAPACITY AND RE-RENTED/CONSIGNED EQUIPMENT

DO YOU OFFER A DAMAGE WAIVER? _____ **DO YOU OBTAIN CERTIFICATES OF INSURANCE?** _____ **PERCENTAGE** _____ %

WHAT FORMS OF I.D. DO YOU OBTAIN? _____

(RECOMMEND TWO (2) FORMS OF ID (DRIVER'S LICENSE, CREDIT CARD, ETC.)



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PROPERTY

PROPERTY DEDUCTIBLE: \$ _____ **LOSS OF INCOME LIMIT: \$** _____

1. ADDRESS: _____ # OF BLDGS. _____
 CITY STATE ZIP COUNTY

| | BUILDING #1 | BUILDING #2 | BUILDING #3 | BUILDING #4 |
|-------------------|-------------|-------------|-------------|-------------|
| BUILDING* LIMIT | _____ | _____ | _____ | _____ |
| CONSTRUCTION | _____ | _____ | _____ | _____ |
| SQ. FT. | _____ | _____ | _____ | _____ |
| YR. BUILT | _____ | _____ | _____ | _____ |
| CONTENTS** LIMIT | _____ | _____ | _____ | _____ |
| ALARM SYSTEM TYPE | _____ | _____ | _____ | _____ |

2. ADDRESS: _____ # OF BLDGS. _____
 CITY STATE ZIP COUNTY

| | BUILDING #1 | BUILDING #2 | BUILDING #3 | BUILDING #4 |
|-------------------|-------------|-------------|-------------|-------------|
| BUILDING* LIMIT | _____ | _____ | _____ | _____ |
| CONSTRUCTION | _____ | _____ | _____ | _____ |
| SQ. FT. | _____ | _____ | _____ | _____ |
| YR. BUILT | _____ | _____ | _____ | _____ |
| CONTENTS** LIMIT | _____ | _____ | _____ | _____ |
| ALARM SYSTEM TYPE | _____ | _____ | _____ | _____ |

* BUILDING LIMIT SHOULD INCLUDE ANY REQUIRED FENCE AND SIGN VALUES.

** CONTENTS LIMIT SHOULD INCLUDE FURNITURE & FIXTURES, IMPROVEMENTS & BETTERMENTS, SALE & PARTS INVENTORY, COMPUTERS, SHOP TOOLS & EMPLOYEE TOOLS AND PROPERTY OF OTHERS HELD FOR SALE OR REPAIR.

TENTS

DO YOU RENT TENTS? YES NO # OF TENTS: _____ LARGEST TENT: \$ _____ SIZE _____ SQ.FT.

DO YOU RENT INFLATABLES OR INTERACTIVE GAMES? YES NO # OF INFLATABLES: _____

**AUTO/
DRIVERS**

AUTOMOBILE(S): LIABILITY LIMIT: \$ _____ **UN/UNDERINSURED LIMIT: \$** _____

COMPREHENSIVE COVERAGE YES NO _____ DEDUCTIBLE

COLLISION COVERAGE YES NO _____ DEDUCTIBLE

COVERAGE FOR RENTED VEHICLES YES NO _____ MAXIMUM VALUE

*** PLEASE PROVIDE SEPARATE LIST OF INDIVIDUAL AUTOS AND TRAILERS TO BE INSURED.

*** PLEASE PROVIDE SEPARATE DRIVER LIST WITH NAME, DATE OF BIRTH, STATE LICENSED AND DRIVER LICENSE NUMBER.

*** PLEASE INDICATE IF VEHICLES ARE FOR SERVICE USE OR RENTED. (FORM ATTACHED FOR YOUR CONVENIENCE.)

**REQUIRED
INFO WITH
FORM**

PLEASE PROVIDE THE FOLLOWING REQUIRED INFORMATION

- CURRENT LIST OF DRIVERS INCLUDING NAME AS IT APPEARS ON LICENSE, DOB, D.L. #, S.S. # & STATE.
- 4 YEARS OF CURRENT/PRIOR INSURANCE COMPANY LOSS HISTORY.
- COPY OF CURRENT RENTAL CONTRACT (FRONT & BACK).
- YEAR/MAKE/MODEL/VALUE OF 10 HIGHEST VALUED INLAND MARINE ITEMS
- NEW "START-UPS" MUST INCLUDE RESUMES/BACKGROUNDS OF OWNERS

